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CONFIRMATION NO. 5342

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/665,971	09/19/2003	435	1644	0975.1005-036
<b>APPLICANTS</b> Junming Le, Jackson Heights, NY; Jan Vilcek, New York, NY; Peter Daddona, Menlo Park, CA; John Ghayeb, Downingtown, PA; David Knight, Berwyn, PA; Scott Siegel, Westborough, MA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/756,398 01/08/2001 PAT 6,835,823 which is a DIV of 09/133,119 08/12/1998 PAT 6,277,969 which is a DIV of 08/570,674 12/11/1995 ABN which is a CIP of 08/324,799 10/18/1994 PAT 5,698,195 which is a CIP of 08/192,102 02/04/1994 PAT 5,656,272 and is a CIP of 08/192,861 02/04/1994 PAT 5,919,452 and is a CIP of 08/192,093 02/04/1994 PAT 6,284,471 which is a CIP of 08/010,406 01/29/1993 ABN and is a CIP of 08/013,413 02/02/1993 ABN which is a CIP of 07/943,852 09/11/1992 ABN which is a CIP of 07/853,606 03/18/1992 ABN which is a CIP of 07/670,827 03/18/1991 ABN				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/12/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY NY	SHEETS DRAWING 37	TOTAL CLAIMS 19
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
<b>ADDRESS</b> 21005				
<b>TITLE</b> Methods of treating neurodegenerative inflammation with anti-tnf alpha antibodies				
<b>FILING FEE RECEIVED</b> 1800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	